



MEL98-002CCC-CIPB

February 26, 2004

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Fr: Stephen B. Ackerman, Reg. No. 37,761  
28 Davis Avenue  
Poughkeepsie, N.Y. 12603

Subject:

Serial No. 10/783,195

2/20/04

MOU-SHIUNG LIN

"TOP LAYERS OF METAL FOR HIGH  
PERFORMANCE IC'S"

09/10/2004 AJOHNS01 00000002 190033 10783195 PRELIMINARY AMENDMENT  
Dear Sir:

01 FC:1202 360.00 DA


Please enter the following Preliminary Amendment for the above-identified application

for patent:

#### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal  
08/26/2004 AJOHNS01 00000004 190033 10154662 Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box  
01 FC:1202 1450, Alexandria, VA 22313-1450, on March 25, 2004.

Stephen B. Ackerman Reg. No. 37,761

Signature   
Date March 25, 2004

Adjustment Date: 09/10/2004 AJOHNS01  
08/26/2004 AJOHNS01 00000004 190033 10154662  
01 FC:1202 360.00 CR

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01 FC:1202 360.00 CR

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docking Number

10783195

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	19	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	19 minus 20 =	0
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
XS 9=		OR	XS 18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL	385	OR	TOTAL	

## CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	34	Minus	14	= 20
Independent	3	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
XS 9=		OR	XS 18=	360
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	360

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
XS 9=		OR	XS 18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
XS 9=		OR	XS 18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.